Office of Study Abroad • Garcia Annex 238 • 575-646-5107 (Tel) • 575-646-3482 (Fax)

Insurance Enrollment Form Todav's Date Title: \square -Mr. \square -Ms. \square -Dr. \square -Mrs. \square -Prof. \square -Rev. Banner ID (If applicable) **Family Name** Address in USA (Office Address is Acceptable): Date of Birth (MM/DD/YYYY)____ Gender: □-Male □-Female Tel. # _____ Period of Coverage Requested to Start on ____ Month · Day · Year Citizen of what country?______ Primary country traveling to_____ E-mail address Print legibly-this is the email address to which insurance enrollment confirmation will be sent. Purchasing insurance for □-Participant only □-Participant + spouse □-Participant + child □-Participant + family Plan being purchased: □-Health Select (only persons under age 50 eligible) \$45 x # of months = total of \$ (Required for NMSU students studying abroad (unless waived by Office of Study Abroad) and available to staff and faculty members traveling outside the U.S.; full medical, accident, medical evacuation coverage.) \square -BETA (persons any age eligible): \square -6 months (\$18) or \square -12 months (\$30) (Available to NMSU students, staff, faculty members, and J-1 scholars who primarily need medical evacuation benefits. Also available to students going outside the U.S. for a few days only. Partial medical, accident, and full medical evacuation supplemental insurance. □-IMG Current premium under age 25 _____ x # ____ of months = total of \$ ____ Current premium age 25-49 ______ x # _____ of months = total of \$ _____ Current premium age 50-64 x # of months = total of \$ (Required for inbound J-1 visa exchange students or scholars (unless waived by the Responsible Officer). Full medical, accident, and medical evacuation coverage that meets U.S. State Department regulations. Premiums will be age based effective July 2010; not available for persons over age 64) **Payment Options Methods of Payment:** □-Check or □-Money Order □-Charge to my student account: I understand that (1) once this fee is charged to my account that it is refundable if I do not enroll in my study abroad program only to the extent allowed by the insurance company and (2) that any financial aid that I receive from NMSU will be applied to any outstanding balance on my account, including the charges for the insurance fees. ______Initial to confirm understanding and acceptance. □-Credit Card (Circle: Visa / Mastercard / Discover) Student or Staff Credit Card Information: Account # Cardholder's signature Expires on: D-*Departmental Account: Index # _____Fund #____ *Signature of person allowed to authorize departmental charges